

AFFIDAVIT OF DOMICILE

Account No. _____

_____, being duly sworn, deposes and says: That _____
(Name of Executor/Administrator/Personal Representative/Survivor/Atty) (he/she)

resides at _____, City of _____, County of _____,
State of _____ and is

_____ of the estate of _____, deceased,
(Executor/Administrator/Personal Representative/Survivor/Atty)

who died on the _____ day of _____, 20 _____.

That the decedent died a legal resident of the State of _____ and was
a resident of this state for a period of _____ years immediately preceding _____ death.
(his/her)

That the decedent executed no will or other instrument within two years prior to death in which he/she states that _____
(he/she)
was not a resident of any state other than the State of _____.

(Signature of Deponent, and capacity in which affidavit is signed)

State _____

County _____

Sworn to me before a Notary Public

this _____ Day of _____, Year _____.

(Signature of Official Administering Oath)

My commission expires _____, Year _____.

Affidavit of decedent's legal residence at time of death filed by survivor, executor, administrator, personal representative or legal representative for the estate.